

CRITERIA FOR PRIOR AUTHORIZATION

Nplate® (romiplostim)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Romiplostim (Nplate)

CRITERIA FOR NPLATE: (must meet all of the following)

- Patient must have a diagnosis of chronic immune thrombocytopenia (ITP)
- Patient must have had an insufficient response to one of the following:
 - Corticosteroids
 - Immunoglobulins
 - Splenectomy
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months